Name in Full | Certificate of Death

Catherine M. Camalier

Died at Town: Leonardtown County: St. Mary's MARYLAND

Date 1900 Month 2nd Day 24th Age Y. 70 M. D. Native of St. Mary's Co. Md. Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband' of Wife

Father's Name | Mother's Name 25 e

Cause of Death: Primary Carcinoma of Right Breast | How long sick 2 yrs

Immediate Apnoea | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Francis F. Grunwell

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William Catlin

Certificate of Death

Died at Town Seven Pines County St. Mary's MARYLAND

Date 19 20 Month 2 Day 8 | Age Y. 30 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of
Wife

Father's Name Joseph Catlin

Mother's Maiden Name

Cause of Death { Primary 14-5-a | How long sick

Immediate Shot | Accident, Suicide, Homicide

Reported by Emmittsburg chronicle.

Address

2-16-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70802

Name in Full Margaret Collins

Certificate of Death

Died at Town Oakley, S County St. Marys Co MARYLAND

Date 1899 Month Feb. Day 14 Age Y. 70 M. D. Native of St. Marys Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4 or more

~~Husband~~ Wife of Rob. Collins

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary Marasmus 141 How long sick

Immediate Accident, Suicide, Homicide

Reported by N. B. Dent M.D.

Address Oakley. St. Marys Co Mar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ella Louise Hanson

Died at Town Leonardtown County St. Mary MARYLAND

Date 19 — Month 2 Day 28 Age Y. M. 16 D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jefferson Hanson Mother's Maiden Name Harriet Hanson

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by St. Mary's Enterprise

Address

8-17-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Chas. M. Haydu

Died at Leonardtown (Town) St. Marys (County) MARYLAND

Date 19 07 Month 3 Day 6 | Age Y. 1 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Chas. M. Haydu | Mother's Maiden Name Annie May

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Marys Enterprise 2-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Nama in Full

Certificate of Death

Joseph Hollen

Died at Town: Jones Mfg. County: St. Mary's Co. MARYLAND

Date 1900 Month 2 Day 24 | Age Y. 70 M. D. | Native of Md | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife

Fathar's Name

Mothar's Name 97

Cause of Death: Primary Bright's Disease | How long sick 8 weeks

Immediate ✓ | Accident, Suicide, Homicide

Reported by J. W. Liney M.D.

Address Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Clay Ann Virginia Jefferson

Certificate of Death

Died at: Town: Near Mechanicsville County: St Mary's MARYLAND

Date: 1900 Month: 2 Day: 17 Age: Y. 19 M. D. Native of Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Divorced~~ Widower Number of children living

~~Husband~~ of Wife

Father's Name: Davy Brooks Mother's Nama: Kate Clagett

Cause of Death: Primary: Consumption How long sick

Immediate 22a Accident, Suicide, Homicide

Reported by: Sylvester Adams

Address: Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70869

Attended by Dr. Noni in Attendance

of

Seen by Coroner

of

Information contained in this certificate received

from Richard Clagett

of Mechanicsville Md.

Name in Full: Jane Elizabeth King

Certificate of Death

Died at Town: Hillville County: St Mary's MARYLAND

Date 1900 Month: Feby Day: 3 | Age Y. 73 M. 11 D. | Native of: Md | Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary: Old age 1411 | How long sick: 5 days

Immediate

Accident, Suicide, Homicide

Reported by J. O. King M.D.

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Lee Stevens

Certificate of Death

Died at Town: Hollywood County: St Mary's MARYLAND

Date 1900 Month: Feby Day: 6 | Age Y. 61 M. D. | Native of: Md | Occupation: Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 28

Cause of Death: Primary Diabetes | How long sick 4 Mos

Immediate | Accident, Suicide, Homicide

Reported by J O King M.D.

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs. Wm. M. Sweeney

Died at Town: Budd's Creek County: St. Mary's MARYLAND

Date ~~1900~~ 1900 Month: Feb. Day: 9th. Age Y. 38 M. D. Native of: Maryland Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Wm. M. Sweeney

Father's Name Alex. Dyson Mother's Name Don't Know

Cause of Death: Primary Cancer of Stomach — How long sick several months

Immediate 25 b — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Zach. R. Morgan, M.D.

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm. L. Thomas

Town

County

Died at Cremona St. Mary's MARYLAND

Date 1900	Month Feb.	Day 3	Age Y. 71 M. D.	Native of Maryland	Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Dr. Wm. Thomas

Mother's Name Elizabeth Lansdale

Cause of Death — Primary: Heart Disease — How long sick: Six months

Immediate: 57

~~Accident, Suicide, Homicide~~

Reported by Zach. R. Morgan, M. D.

Address Mechanicsville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, INC.

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Mary Warren

Died at Charlotte Hall (Town) St. Mary's (County) MARYLAND

Date 1900 (~~189~~) Month: Feb. Day: 23 | Age Y. 75 M. D. | Native of St. Mary's Co. | Occupation Cooking

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living Don't Know

Husband of Wife Don't Know

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Pneumonia 72 | How long sick 3 days

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by Jacob R. Morgan

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full George Williams

Certificate of Death

Died at Town Leonardtown County St. Mary's MARYLAND

Date 1900 Month 2 Day 8 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address Feb. 8, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888